



ARIZONA STATE RETIREMENT SYSTEM

**BENEFICIARY FORM**SEND COMPLETED FORM TO:  
ASRS - RECORDS MGT  
PO BOX 33910  
PHOENIX, AZ 85067-3910

SOCIAL SECURITY NUMBER		MEMBER NAME (LAST, FIRST, MIDDLE)	
EMPLOYER (FOR NON-RETIRED MEMBERS ONLY)		MEMBER STATUS: CHECK ONE Retired ( ) Non-Retired ( )	
HOME TELEPHONE NUMBER ( )	BUSINESS TELEPHONE NUMBER ( )	FAX NUMBER ( )	
E-MAIL ADDRESS		MARITAL STATUS: CHECK ONE Single ( ) Married ( ) Divorced ( )	
CHECK ONE: I AM: Designating a beneficiary for the first time ( ) Adding a new beneficiary ( ) Changing an existing beneficiary ( )			

**MEMBER SIGNATURE****DATE****DESIGNATED BENEFICIARY NO. 1****NOTE: YOU MUST INDICATE A SOCIAL SECURITY NUMBER OR TAX ID NUMBER FOR EACH BENEFICIARY DESIGNATED.**

SOCIAL SECURITY NO ( ) OR TAX ID ( )	NAME OF BENEFICIARY: PERSON (LAST, FIRST, MIDDLE), ESTATE OR ORGANIZATION	
LEGAL RELATIONSHIP: CHECK ONE Spouse ( ) Child ( ) Other ( )	CHECK ONE: Primary ( ) Secondary ( )	PERCENT OF BENEFIT TO THIS BENEFICIARY
BIRTHDATE (MONTH, DAY, YEAR)	GENDER: CHECK ONE Male ( ) Female ( )	TELEPHONE NUMBER ( )
MAILING ADDRESS		SUITE/APT NUMBER (IF NEEDED)
CITY	STATE (OR COUNTRY)	ZIP CODE

**DESIGNATED BENEFICIARY NO. 2**

SOCIAL SECURITY NO ( ) OR TAX ID ( )	NAME OF BENEFICIARY: PERSON (LAST, FIRST, MIDDLE), ESTATE OR ORGANIZATION	
LEGAL RELATIONSHIP: CHECK ONE Spouse ( ) Child ( ) Other ( )	CHECK ONE: Primary ( ) Secondary ( )	PERCENT OF BENEFIT TO THIS BENEFICIARY
BIRTHDATE (MONTH, DAY, YEAR)	GENDER: CHECK ONE Male ( ) Female ( )	TELEPHONE NUMBER ( )
MAILING ADDRESS		SUITE/APT NUMBER (IF NEEDED)
CITY	STATE (OR COUNTRY)	ZIP CODE

**DESIGNATED BENEFICIARY NO. 3****IF MORE THAN THREE BENEFICIARIES, CHECK HERE ( )  
AND COMPLETE THE INFORMATION ON THE BACK OF THIS PAGE.**

SOCIAL SECURITY NO ( ) OR TAX ID ( )	NAME OF BENEFICIARY: PERSON (LAST, FIRST, MIDDLE), ESTATE OR ORGANIZATION	
LEGAL RELATIONSHIP: CHECK ONE Spouse ( ) Child ( ) Other ( )	CHECK ONE: Primary ( ) Secondary ( )	PERCENT OF BENEFIT TO THIS BENEFICIARY
BIRTHDATE (MONTH, DAY, YEAR)	GENDER: CHECK ONE Male ( ) Female ( )	TELEPHONE NUMBER ( )
MAILING ADDRESS		SUITE/APT NUMBER (IF NEEDED)
CITY	STATE (OR COUNTRY)	ZIP CODE